



FRANCHISE APPLICATION

Pizza Inn
Abunayyan Group
P O box 55447
Riyadh 11534
Kingdom of Saudi Arabia

Approval

Date



This is to be submitted as part of the application for potential International Franchisees.

Pizza Inn can help you become an expert in the business of pizza and restaurants; we have 47 years of experience! What we require from you is an expertise in conducting business in your local market. We can provide guidance on the knowledge that you should have, but your success will require that you have a very thorough understanding of how to effectively conduct business in your market area.

This preliminary business plan will help you investigate and understand your market. The source of the information will vary, but you should be able to find all of the information and then provide it to Pizza Inn in a format that will help us understand critical details of operating a restaurant in your chosen market.

Your preliminary business plan should focus on these four core areas: the qualifications of yourself and your management team, the business and regulatory requirements imposed by the government and authorities, the current activities of restaurants and customers in your market, and how you will develop the Pizza Inn brand within your market. We do not require details of marketing, income, construction, occupancy costs, or proforma Profit & Loss statements until after you attend a Discovery Day at the Pizza Inn Headquarters.

Elements of the Preliminary Business Plan

- A) Defined market area that you would like to reserve
- B) General overview of the business and regulatory environment
- C) Anticipated development including number of units and concept types
- D) Locations and site availability, types and costs
- E) Financial resources and allocations
- F) Demographic study of the market with focus on dining habits
- G) Competitive survey, both direct and indirect, including marketing information
- H) Information about your qualifications
- I) Qualifications of other principle operators of the franchise

This preliminary business plan should be concise and very specific to the market that you are interested in developing. The presented information should not be over weighted with detail, however it should present a very complete overview of the topics.

Pizza Inn will use the information, along with additional information from other sources, to determine the risks and opportunities of entering your chosen market, as well as evaluating and guiding your franchise to maximum success.

Confidential Application

This form, when completed, is an essential part of evaluating your qualifications to be awarded a Pizza Inn franchise. Please print or type and give specific answers to all questions. All answers are held in confidence. The completion of this form does not obligate Pizza Inn or you in any way or manner. (To be completed by each proposed partner of the Franchise Group.)

Personal Data

Name: _____

Address: _____

Citizen ~ Yes ~ No If no, name country _____

Educational History _____

BUSINESS EXPERIENCE (Work history and/or business started) Please give present or last position first, and provide the last 5 years of work/business history; attach an additional sheet if necessary.

1. Company _____ City, State _____

Position _____ Employed From _____ To _____

Major Accomplishments _____

2. Company _____ City, State _____

Position _____ Employed From _____ To _____

Major Accomplishments _____

3. Company _____ City, State _____

Position _____ Employed From _____ To _____

Major Accomplishments _____

Have you ever owned or been a partner in a business? ~ Yes ~ No If yes, what type:

MANAGEMENT GOALS

Do you plan to devote full time to this business venture? ~ Yes~ No
Do you plan to have equity partners? ~ Yes~ No

If yes, please identify all partners:

<u>Name</u>	<u>Address</u>	<u>Telephone #</u>	<u>Active In Franchise?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

When will you be available to open the business? _____ Capital available to invest _____

Location Preference: Home _____ Other _____

Describe any past experience in a retail business/food business _____

PERSONAL REFERENCES

Name	Telephone Number	Association
------	------------------	-------------

1. _____
2. _____
3. _____

How did you become aware of the Pizza Inn franchise opportunity? _____

Why are you interested in the Pizza Inn franchise opportunity? _____

Documents to Submit/Attach:

1. **Copy of latest audited company finance statement**
2. **CR Copy**
3. **ID copies of partners/proprietor**
4. **Bank details (name of bank. A/C Number, branch)**
5. **Authorization for release of personal info (Format Attached)**

Signature: _____ Date: _____

Personal Financial Statement

NAME	DATE OF BIRTH	ID #	COMPANY ADDRESS		
<input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPERATED					
STREET ADDRESS	CITY AND STATE	ZIP	PHONE #	HOW LONG	OWN HOME
MONTHLY/PMT					RENTED
OTHER <input type="checkbox"/> BUYING					
NAME AND ADDRESS OF COMPANY DEPENDENTS		POSITION	LENGTH OF BUSINESS	BUS.PHONE	AGES OF
PARTNER					
DRIVER'S LIC #		DATE OF BIRTH	ID #		
NAME AND ADDRESS OF EMPLOYER		POSITION	LENGTH BUSINESS	BUS. PHONE	

Audited Financial Statement
 Financial Information as of

ASSETS	AMOUNT	LIABILITIES	AMOUNT	MONTHLY PAYMENT
Cash in Bank		Income taxes/zakat payable		
Cash in other institutions (detail)		Other taxes payable		
Securities owned (Schedule 1)		Revolving credit (Schedule 4)		
Pension		Installment contracts and notes payable to banks and others (Schedule 5)		
Notes Receivable including mortgages & Deeds of trust Owned (Schedule 2)		Mortgages or Liens on Real Estate (schedule 3)		
Real Estate Mkt. Value (Schedule 3)				
Other Investments (Partnerships, etc.)				
Automobiles				
Personal Property				
Other Assets (detail)				
Total Assets		Total Liabilities/Payments NET WORTH TOTAL LIABILITIES		

ANNUAL INCOME	AMOUNT	ANNUAL EXPENDITURES	AMOUNT	CONTINGENT LIABILITIES	AMOUNT
Sales, net, other income		Cost of Sales		As Endorser	
Co-Applicant/Spouse Salary		Other Expenses		As Guarantor	
Dividends/Bonds		Finance Charges		On Damage Claims	
Interest		Tax/Zakat		Letters of Credit	
Rentals		Other (Detail)		Other (Detail)	
Total		Total		<input type="checkbox"/> Check here if "none" TOTAL	

GENERAL Information – if married these questions apply to both you and your spouse

Are these assets held in trust?	~ Yes ~ No
Are any assets pledged or debts secured except as shown?	~ Yes ~ No
Have you ever had a repossession?	~ Yes ~ No
Have you ever had a bankruptcy or had a judgment against you?	~ Yes ~ No
Have you ever been a principal or guarantor of a firm that declared bankruptcy?	~ Yes ~ No
Are you party to any claim or suits?	~ Yes ~ No

Personal Financial Statement

SCHEDULE 1: MARKETABLE SECURITIES							
Are any of your securities restricted?		Yes	No	Do you own 10% or more of the outstanding shares of any company		Yes	No
HOW HELD	NO. SHARES OR BOND AMOUNT	DESCRIPTION		TITLE IN NAME OF	PLEGDED YES OR NO	WHERE TRADED	PRESENT MKT. VALUE
Indicate: O – Jointly with Partners							Total SR

SCHEDULE 2: NOTES RECEIVABLE – MORTGAGE & DEED OF TRUST OWNED							
HOW HELD	NAME OF DEBTOR	COLLATERAL/TYPE OF PROPERTY	DATE OF NOTE	ANNUAL P&I PAYMENT	DUE DATE	1 ST OR 2 ND LIEN	UNPAID BALANCE
Indicate: O – Jointly with Partners							Total SR

SCHEDULE 3: REAL ESTATE HOLDINGS – MORTGAGES OR LIENS							
Indicates: SD = Single Dwelling; MD = Multiple Dwelling; C = Commercial/Industrial							
HOW HELD	PROPERTY ADDRESS	a. Mkt. Value	Date Purch.	NAME OF LENDERS	a. 1 st T.D. Bal	Mo. Payment	
		b. Cost	% Owned		b. 2 nd T.D. Bal	Mo. Payment	
Indicate: O – Jointly with Partners							

SCHEDULE 4: REVOLVING CREDIT				SCHEDULE 5: INSTALLMENT CONTRACTS AND NOTES PAYABLE			
CREDITOR'S NAME	ACCOUNT NO	Monthly Payment	Present Balance	CREDITOR'S NAME	ACCOUNT NO.	Monthly Payment	Present Balance
		Total SR	Total SR			Total SR	Total SR

I will immediately notify you in writing if there is a material change in my financial condition. In the absence of such notice, this shall constitute both a new and continuing statement of my financial condition each time I become obligated to you or you rely, to any extent whatsoever, on this statement of my financial condition.

I agree that my present and future obligations to you may become immediately due and payable, at your sole discretion and without damage or notice, if: (a) I, or any endorser or guarantor of any of my obligations, at any time fail in business, become solvent, commit an act of bankruptcy, or die; (b) a writ of attachment, garnishment, execution or other legal process is issued against a material portion of my property; (c) any act for the collection of delinquent taxes is taken against me; (d) any representation to you by me or a guarantor or endorser of my obligations proves to be misleading or untrue; (e) I fail to notify you of any material change in my financial condition or there is a materially adverse change in my condition; or (f) I sell or transfer any interest in my current business.

I agree that any of my property in your possession shall be subject to your lien and right to offset for my obligations to you. You may verify the information contained in this statement with any third party. You may also release any information to others regarding my financial condition and your credit and deposit experience with me. By signing below, I hereby waive my rights under Vehicle Code Section 1808.21, so that, when you deem it necessary, you may obtain my residence address from the Department of Motor Vehicles.

I represent and declare under penalty of perjury that the foregoing is a true and correct statement of my financial condition. Any existing or threatened litigation, claim or circumstance which might reasonably be expected to affect my condition in the future is fully described below or in an attached statement.

X _____ Date _____ **X** _____
 Applicant's Signature Co-Applicant's Signature

 (Optional) Signature of Spouse/Former Spouse Date _____

Note: To authorize verification of income and of credit history only

Authorization

For Release of Personal Data Record Information

In connection with my Application for a franchise with Pizza Inn, I hereby authorize Pizza Inn, Inc. or its agents, to contact any present or past employer, financial institution, law enforcement agency, reference or any other person, firm or corporation.

I authorize and request any of the firms or persons contacted to provide all information concerning me, and I hereby release said firms, institutions and their agents and employees from all liability and responsibility from releasing this information. I understand such reports may contain information concerning my character or skill, credit history or criminal history. Pizza Inn, Inc. agrees to restrict the use of this information only to the evaluation of my Application for a Pizza Inn franchise.

I am willing and request that a photocopy of this Authorization be accepted with the same authority as the original.

I further authorize Pizza Inn, Inc. or its agent, to release to prospective financial sources such financial and other information concerning me in their files as may be requested.

Print Name: _____

Place of Birth: _____ Citizenship (Country) _____

Iqama ID # _____ Date of Birth _____

Signature: _____ Date: _____